

# TRANSMITTAL FORM

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Filing Date	November 2, 2001
First Named Inventor	Lawrence P. Shields
Group Art Unit	3693
Examiner Name	Sara M. Chandler
Attorney Docket No.	74622-020
Patent No.	Not applicable
Issue Date	Not applicable

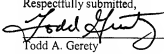
## ENCLOSURES (check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <li><input type="checkbox"/> Check Attached</li> <li><input type="checkbox"/> Copy of Fee Transmittal Form</li> </ul> <input checked="" type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <li><input type="checkbox"/> Preliminary</li> <li><input type="checkbox"/> After Final</li> <li><input type="checkbox"/> Affidavits/declaration(s)</li> <li><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets <u>      </u>]</li> </ul> <input type="checkbox"/> Petition for Extension of Time<br><br><input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <li><input type="checkbox"/> Form PTO-1449</li> <li><input type="checkbox"/> Copies of IDS Citations</li> </ul> <input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <li><input type="checkbox"/> Paper Copy/CD</li> <li><input type="checkbox"/> Computer Readable Copy</li> <li><input type="checkbox"/> Statement verifying identity of above</li> </ul> | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)<br><br><input type="checkbox"/> Replacement Drawing(s)<br><br><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><br><input type="checkbox"/> Small Entity Statement<br><br><input type="checkbox"/> CD(s) for large table or computer program<br><br><input type="checkbox"/> Amendment After Allowance | <input type="checkbox"/> Request for Certificate of Correction<br><br><input type="checkbox"/> Certificate of Correction<br><br><input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><br><input type="checkbox"/> Appeal Brief (in triplicate)<br><br><input type="checkbox"/> Status Inquiry<br><br><input type="checkbox"/> Return Receipt Postcard<br><br><input type="checkbox"/> Additional Enclosure(s) (please identify below) |
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## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
Proskauer Rose LLP  
One International Place  
Boston, MA 02110-2600  
Tel. No.: (617) 526-9600  
Fax No.: (617) 526-9899

## SIGNATURE BLOCK

Respectfully submitted,  
  
 Date: January 4, 2008  
 Reg. No.: 51,729  
 Tel. No.: (617) 526-9655  
 Fax No.: (617) 526-9899  
 Todd A. Gerety  
 Attorney for the Applicants  
 Proskauer Rose LLP  
 One International Place  
 Boston, MA 02110-2600